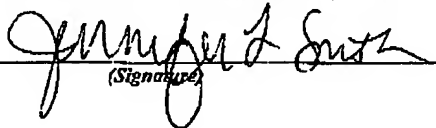



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Gordan G. Greenlee et al.			END920030030US1
Application No. 10/600,210	Filing Date 06/20/2003	Examiner David G. Gentry	Group Art Unit 2114
Invention: SYSTEM AND METHOD FOR TESTING SERVERS AND TAKING REMEDIAL ACTION			
RECEIVED CENTRAL FAX CENTER JUL 12 2006			
<p>I hereby certify that this <u>Amendment (After-Final), Amend. Trans., RCE and Certificate of Facsimile</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>07/12/2006</u> (Date)</p> <p style="text-align: right;"><u>Jennifer L. Smith</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Gordan G. Greenlee et al.				END920030030US1	
Application No. 10/600,210	Filing Date 06/20/2003	Examiner David G. Gentry	Customer No. 26502	Group Art Unit 2114	Confirmation No. 9020
Invention: SYSTEM AND METHOD FOR TESTING SERVERS AND TAKING REMEDIAL ACTION					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0457</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="text-align: center;"> Signature</p><div style="border: 1px solid black; padding: 5px;"><p>Arthur J. Samodovitz, Reg. No. 31,297 IBM Corporation, IQ0A/040-3 1701 North Street Endicott, NY 13760 607-429-4268 (Phone) 607-429-4119 (Fax)</p></div></div><div style="width: 50%; text-align: right;"><p>Dated: <u>July 12, 2006</u></p><div style="border: 1px solid black; padding: 5px; margin-top: 20px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div></div>					
cc: Records					